

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/070383

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2	/		/				52				
3	/		/				53				
4			/				54				
5			/				55				
6			/				56				
7			/				57				
8			/				58				
9			/				59				
10	2		1				60				
11	/		1				61				
12	2		1				62				
13	/		/				63				
14	/		/				64				
15	2		1				65				
16	2		1				66				
17			/				67				
18			/				68				
19			/				69				
20			/				70				
21			/				71				
22			/				72				
23			/				73				
24			/				74				
25			/				75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		2				TOTAL IND.				
TOTAL DEP.	26	↓	22	↓		↓	TOTAL DEP.				↓
TOTAL CLAIMS	28	██████████	25	██████████		██████████	TOTAL CLAIMS	██████████	██████████	██████████	██████████